



*The Commonwealth of Massachusetts*  
*Alcoholic Beverages Control Commission*  
239 Causeway Street  
Boston, MA 02114  
[www.mass.gov/abcc](http://www.mass.gov/abcc)

**ON PREMISES LICENSE RENEWAL APPLICATION**

LICENSE NUMBER: 083000001

CITY OR TOWN NORTH  
ATTLEBOROUGH

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: NORTH ATTLEBOROUGH LODGE 1011,

DOING BUSINESS A BNVLNT & PRTCTV ORDER OF ELKS

ADDRESS 52 BULFINCH ST.

CITY/TOWN: NORTH  
ATTLEBOROUGH

STATE: MA

ZIP CODE: 02760

MANAGER: LANGILLE,  
BRETT T.

TYPE OF LICENSE: Club

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

GRILL ROOM, LOUNGE BAR, MAIN HALL, KITCHEN, FOUR UTILITY ROOMS. ONE FRONT  
ENTRANCE, TWO SIDE ENTRANCES, OPEN PAVILLION ON GROUNDS EACH BLDG. HAS ONE  
FLOOR. NO CELLARS.

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

**We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.**

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

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DATE:



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**ON PREMISES LICENSE RENEWAL APPLICATION**

LICENSE NUMBER: 083000003

CITY OR TOWN NORTH  
ATTLEBOROUGH

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: CHEMAWA COUNTRY GOLF, INC.

DOING BUSINESS AS

ADDRESS 350 CUSHMAN RD.

CITY/TOWN: NORTH  
ATTLEBOROUGH

STATE: MA

ZIP CODE: 02760

MANAGER: BOURQUE,  
RAYMOND

TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

MAIN FLOOR, HALL AND KITCHEN (IN CELLAR), TWO STALL GARAGE AND LOCKER ROOM. ENTRANCE TO HALL, EXIT FROM KITCHEN AND CLOSED PORCH.

I hereby certify and swear under penalties of perjury that:

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3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

**We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.**

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(If disapproved explain)

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**ON PREMISES LICENSE RENEWAL APPLICATION**

LICENSE NUMBER: 083000009

CITY OR TOWN NORTH  
ATTLEBOROUGH

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: NEWELL-BLAIS POST 443 VETS OF  
DOING BUSINESS A FOREIGN WARS OF U.S., INC.

ADDRESS 50 JEFFERSON

CITY/TOWN: NORTH  
ATTLEBOROUGH

STATE: MA

ZIP CODE: 02760

MANAGER: GEDGAUDAS,  
MICHAEL V.

TYPE OF LICENSE: Veterans club

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

STREET FLOOR-MAIN HALL, CLUB ROOM AND KITCHEN. ONE FRONT ENTRANCE, ONE  
SIDE ENTRANCE, ONE SIDE EXIT AND ONE REAR EXIT. FOUR ROOMS-NO CELLAR.

I hereby certify and swear under penalties of perjury that:

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2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
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SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

**We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.**

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**ON PREMISES LICENSE RENEWAL APPLICATION**

LICENSE NUMBER: 083000012

CITY OR TOWN NORTH  
ATTLEBOROUGH

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: NOLAN'S NORTH END CLUB INC.

DOING BUSINESS A

ADDRESS 335 NO. WASHINGTON

CITY/TOWN: NORTH  
ATTLEBOROUGH

STATE: MA

ZIP CODE: 02760

MANAGER: HARRIS, JOHN K. TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

TWO FLOOR BLDG. BAR AND BACK ROOM ON FIRST FLOOR STORAGE AREAS ON FIRST FLOOR; SIX ROOMS ON SECOND FLOOR. NO CELLAR.

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
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SIGNED BY

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TELEPHONE NUMBER:

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**ON PREMISES LICENSE RENEWAL APPLICATION**

LICENSE NUMBER: 083000013

CITY OR TOWN NORTH  
ATTLEBOROUGH

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: NG/YUEN ENTERPRISES, INC.

DOING BUSINESS AS DRAGON GARDEN

ADDRESS 035-37 NO. WASHINGTON

CITY/TOWN: NORTH  
ATTLEBOROUGH

STATE: MA

ZIP CODE: 02760

MANAGER: LILLY NG

TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

3200 SQUARE FEET ON STREET FLOOR(ONE ROOM) CONSISTING OF A LOUNGE AND DINING AREA, KITCHEN, STORAGE AND OFFICE CELLAR WILL BE USED FOR STORAGE.

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
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**ON PREMISES LICENSE RENEWAL APPLICATION**

LICENSE NUMBER: 083000017

CITY OR TOWN NORTH  
ATTLEBOROUGH

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: CAVALIERI CORPORATION

DOING BUSINESS AS FALLS A.C.

ADDRESS 8 STACK RD.

CITY/TOWN: NORTH  
ATTLEBOROUGH

STATE: MA

ZIP CODE: 02760

MANAGER: CAVALIERI,  
ANGELO E.

TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

**DESCRIPTION OF LICENSED PREMISES:**

UPSTAIRS 2 FUNCTION ROOMS, 2 BATHS, OFFICE STORAGE SPACE, ONE FUNCTION ROOM HAS EXIT TO OUTSIDE STAIRCASE & DOORWAY INTO 2ND ROOM. OTHER FUNCTION RM HAS COMMON DOORWAY TO FIRST ROOM; STAIRCASE EXIT TO 1ST FLOOR; STAIRCASE BY KITCHEN & FIRE ESCAPE.

I hereby certify and swear under penalties of perjury that:

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Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

**We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.**

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**ON PREMISES LICENSE RENEWAL APPLICATION**

LICENSE NUMBER: 083000019

CITY OR TOWN **NORTH  
ATTLEBOROUGH**

APPLICATION FOR RENEWAL:

**Annual**

LICENSED FOR **2013**

CLASS

YEAR

LICENSEE NAME: **JOHN C. CHRISIDIS**

DOING BUSINESS AS **DELICATESSEN**

ADDRESS **560 KELLEY BLVD.**

CITY/TOWN: **NORTH  
ATTLEBOROUGH**

STATE: **MA**

ZIP CODE: **02760**

MANAGER:

TYPE OF LICENSE: **Restaurant**

CATEGORY: **All Alcohol**

EMAIL ADDRESS:

**PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS**

DESCRIPTION OF LICENSED PREMISES:

**20X100 BLDG., ONE ENTRANCE/EXIT AT THE FRONT AND ONE ENTRANCE/EXIT AT THE REAR.**

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
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DATE:

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**OFF-PREMISES LICENSE RENEWAL APPLICATION**

LICENSE NUMBER: 083000024

CITY OR TOWN **NORTH  
ATTLEBOROUGH**

APPLICATION FOR RENEWAL:

**Annual**

LICENSED FOR **2013**

CLASS

YEAR

LICENSEE NAME: **BETLOU CORPORATION**

DOING BUSINESS AS **CITY SPIRITS NORTH**

ADDRESS **271 EAST WASHINGTON ST**

CITY/TOWN: **NORTH  
ATTLEBOROUGH**

STATE: **MA**

ZIP CODE: **02760**

MANAGER: **FOSTER,  
MICHAEL A.**

TYPE OF LICENSE: **Package Store**

CATEGORY: **All Alcohol**

EMAIL ADDRESS:

**PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS**

DESCRIPTION OF LICENSED PREMISES:

**SINGLE STORY BLDG WITH MAIN ROOM, STORAGE ROOM/OFFICE AND TWO  
BATHROOMS ON MAIN FLOOR PLUS BASEMENT. THREE DOORS**

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
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DATE:

TELEPHONE NUMBER:

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DATE:

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**OFF-PREMISESLICENSE RENEWAL APPLICATION**

LICENSE NUMBER: 083000025

CITY OR TOWN NORTH  
ATTLEBOROUGH

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: KELLEY BOULEVARD WINES AND LIQUORS, INC.

DOING BUSINESS A

ADDRESS 584 KELLEY BLVD.

CITY/TOWN: NORTH  
ATTLEBOROUGH

STATE: MA

ZIP CODE: 02760

MANAGER: MCINTYRE, JOHN TYPE OF LICENSE: Package Store CATEGORY: All Alcohol  
N.

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

ONE ENTRANCE/EXIT DOOR, ONE LOADING/FIRE DOOR ON REAR SIDE OF BLDG.  
BATHROOM FACILITIES ON REAR OF BLDG. WALK-IN COOLER OF 18'X22'X8' WITH AN  
ADDITIONAL SECTION OF 15'X8' WHICH SEPARATES THE CONSUMER AREA FROM THE  
STORAGE AREA.

I hereby certify and swear under penalties of perjury that:

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Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

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**OFF-PREMISESLICENSE RENEWAL APPLICATION**

LICENSE NUMBER: 083000027

CITY OR TOWN NORTH  
ATTLEBOROUGH

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: SEEKONK LIQUORS INC.

DOING BUSINESS A CHRIS GASVARRO'S FINE WINE & SPIRITS

ADDRESS 1190 SOUTH WASHINGTON ST

CITY/TOWN: NORTH  
ATTLEBOROUGH

STATE: MA

ZIP CODE: 02760

MANAGER: GASBARRO.  
CHRISTOPHER

TYPE OF LICENSE: Package Store

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

ONE STORY RETAIL SPACE.2,500 SQ. FT. STORAGE ROOM, 2 OFFICES, ENTRANCE IN  
FRONT ON SO WASH, REAR EMERGENCY EXIT, DOCK 2 BATREDEMPTION AREA.

I hereby certify and swear under penalties of perjury that:

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Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

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LOCAL LICENSING AUTHORITY

By:

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DATE:

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APPLICATION FOR RENEWAL MUST BE FILED BY LICENSEES DURING THE MONTH OF NOVEMBER (M.G.L. Ch. 138 § 16A)



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**OFF-PREMISESLICENSE RENEWAL APPLICATION**

LICENSE NUMBER: 083000028

CITY OR TOWN NORTH  
ATTLEBOROUGH

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: GOGAJI CORPORATION

DOING BUSINESS A NORTH ATTLEBORO LIQUOR WORLD

ADDRESS 124 PARK STREET

CITY/TOWN: NORTH  
ATTLEBOROUGH

STATE: MA

ZIP CODE: 02760

MANAGER: PATEL, TWINKLE TYPE OF LICENSE: Package Store CATEGORY: All Alcohol  
B.

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

ONE STORY BLDG 2800 SQ FT. 34 FT FRONT, DOORS AT FRONT, REAR AND CENTER OF  
BLDG

I hereby certify and swear under penalties of perjury that:

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SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

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**OFF-PREMISES LICENSE RENEWAL APPLICATION**

LICENSE NUMBER: 083000029

CITY OR TOWN NORTH  
ATTLEBOROUGH

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: NEW ENGLAND TUDOR CORPORATION

DOING BUSINESS AS DOUGLAS DISCOUNT LIQUORS

ADDRESS 5 ROBERT TONER BOULEVARD

CITY/TOWN: NORTH  
ATTLEBOROUGH

STATE: MA

ZIP CODE: 02760

MANAGER: PATEL, ANITA

TYPE OF LICENSE: Package Store

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

SELLING AREA AND STORAGE ROOM; ONE FRONT ENTRANCE AND ONE REAR EXIT.

I hereby certify and swear under penalties of perjury that:

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SIGNED BY

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DATE:

TELEPHONE NUMBER:

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**OFF-PREMISESLICENSE RENEWAL APPLICATION**

LICENSE NUMBER: 083000030

CITY OR TOWN NORTH  
ATTLEBOROUGH

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: CORONA ASSOCIATES INC.

DOING BUSINESS AS STEVEN'S MARKET

ADDRESS 205 SMITH STREET

CITY/TOWN: NORTH  
ATTLEBOROUGH

STATE: MA

ZIP CODE: 02760

MANAGER: DURSO, DANIEL  
R.

TYPE OF LICENSE: Package Store

CATEGORY: Wine and  
Malt Regular

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

STREET FLOOR- STORAGE AND STORAGE ROOM, ONE FRONT ENTRANCE TWO REAR  
ENTRANCES FOR DELIVERY SERVICE.

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
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3. the premises are now open for business (If not explain below)

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Individual, Partner or Authorized Corporate Officer

DATE:

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(Note: **NOT** Individual Social Security Number)

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**OFF-PREMISES LICENSE RENEWAL APPLICATION**

LICENSE NUMBER: 083000034

CITY OR TOWN NORTH  
ATTLEBOROUGH

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: ROBERT C. HEBERT

DOING BUSINESS AS BOB'S MARKET

ADDRESS 42 ARNOLD STREET

CITY/TOWN: NORTH  
ATTLEBOROUGH

STATE: MA

ZIP CODE: 02760

MANAGER: HEBERT, ROBERT TYPE OF LICENSE: Package Store

CATEGORY: Wine and  
Malt Regular

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

APPROX 1100 SQ FT. ONE FRONT AND ONE SIDE ENTRANCE.

I hereby certify and swear under penalties of perjury that:

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DATE:

APPLICATION FOR RENEWAL MUST BE FILED BY LICENSEES DURING THE MONTH OF NOVEMBER (M.G.L. Ch. 138 § 16A)



*The Commonwealth of Massachusetts*  
*Alcoholic Beverages Control Commission*  
239 Causeway Street  
Boston, MA 02114  
[www.mass.gov/abcc](http://www.mass.gov/abcc)

**ON PREMISES LICENSE RENEWAL APPLICATION**

LICENSE NUMBER: 083000035

CITY OR TOWN NORTH  
ATTLEBOROUGH

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: 99 WEST INC

DOING BUSINESS A

ADDRESS 1510 S WASHINGTON ST

CITY/TOWN: NORTH  
ATTLEBOROUGH

STATE: MA

ZIP CODE: 02760

MANAGER: Tellier, Paul

TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

STREET FLOOR LOUNGE, DINING ROOM, RESTROOM AND ONE ENTRANCE. ONE MAIN  
EXIT AND THREE FIRE EXITS STORAGE ON STREET FLOOR

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

**We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.**

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

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\_\_\_\_\_

DATE:

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*The Commonwealth of Massachusetts*  
*Alcoholic Beverages Control Commission*  
*239 Causeway Street*  
*Boston, MA 02114*  
[www.mass.gov/abcc](http://www.mass.gov/abcc)

**ON PREMISES LICENSE RENEWAL APPLICATION**

LICENSE NUMBER: 083000036

CITY OR TOWN NORTH  
ATTLEBOROUGH

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: CHEN EMPIRE, INC.

DOING BUSINESS AS YEN CHING, II

ADDRESS 445 E WASHINGTON ST

CITY/TOWN: NORTH  
ATTLEBOROUGH

STATE: MA

ZIP CODE: 02760

MANAGER: CHEN, CHAN-  
HWA

TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

MAIN FLOOR CONTAINS KITCHEN, RESTROOMS AND MAIN HALL. CELLAR CONTAINS  
BOILER ROOM AND DINING ROOM.

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

**We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.**

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DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

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DATE:

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*Alcoholic Beverages Control Commission*  
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**OFF-PREMISES LICENSE RENEWAL APPLICATION**

LICENSE NUMBER: 083000038

CITY OR TOWN NORTH  
ATTLEBOROUGH

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: EAST SIDE MANAGEMENT INC.

DOING BUSINESS AS EAST SIDE MANAGEMENT

ADDRESS 890 SOUTH WASHINGTON ST

CITY/TOWN: NORTH  
ATTLEBOROUGH

STATE: MA

ZIP CODE: 02760

MANAGER: CARPINI,  
ANDREW DELLI

TYPE OF LICENSE: Package Store

CATEGORY: Wine and  
Malt Regular

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

EXITS AND ENTRANCES ON RT 1 AND DRAPER AVE. 10-12 DOOR WALK IN COOLER WITH  
SIX TO BE USED FOR ALCOHOL. 2 REGISTERS, ONE FOR ALCOHOL

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

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LOCAL LICENSING AUTHORITY

By:

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**ON PREMISES LICENSE RENEWAL APPLICATION**

LICENSE NUMBER: 083000042

CITY OR TOWN NORTH  
ATTLEBOROUGH

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: APPLE NEW ENGLAND LLC

DOING BUSINESS AS APPLEBEE'S NEIGHBORHOOD GRILLE & BAR

ADDRESS S WASHINGTON & DRAPER AVE

CITY/TOWN: NORTH  
ATTLEBOROUGH

STATE: MA

ZIP CODE: 02760

MANAGER: NICHOLAS,  
MICHAEL SCOTT

TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

5000 SF WITH A FULL SERVICE KITCHEN AND DINING AREA & BAR SEATING. FRONT  
ENTRANCE, SIDE EXITS AND ENTRANCES FOR EMERGENCIES. HANDICAPPED  
RESTROOMS

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

**We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.**

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

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DATE:



*The Commonwealth of Massachusetts*  
*Alcoholic Beverages Control Commission*  
239 Causeway Street  
Boston, MA 02114  
[www.mass.gov/abcc](http://www.mass.gov/abcc)

**ON PREMISES LICENSE RENEWAL APPLICATION**

LICENSE NUMBER: 083000043

CITY OR TOWN NORTH  
ATTLEBOROUGH

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: FAMALIA INC

DOING BUSINESS AS ROUTE 1 CINEMA PUB

ADDRESS 501 EAST WASHINGTON ST

CITY/TOWN: NORTH  
ATTLEBOROUGH

STATE: MA

ZIP CODE: 02760

MANAGER: BALLARINO,  
CHRISTOPHER

TYPE OF LICENSE: Restaurant

CATEGORY: Wine and  
Malt Regular

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

1 1/2 STORY BLDG LOCATED ON ROUTE 1. UPPER FLOOR HAS OFFICES; LOWER FLOOR  
WILL HAVE RESTROOMS, KITCHEN, DINING ROOMS, SERVICE BAR. ENTRANCE AND  
EXITS ON SAME STREET

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

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DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

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DATE:



*The Commonwealth of Massachusetts*  
*Alcoholic Beverages Control Commission*  
*239 Causeway Street*  
*Boston, MA 02114*  
[www.mass.gov/abcc](http://www.mass.gov/abcc)

**ON PREMISES LICENSE RENEWAL APPLICATION**

LICENSE NUMBER: 083000044

CITY OR TOWN **NORTH  
ATTLEBOROUGH**

APPLICATION FOR RENEWAL:

**Annual**

LICENSED FOR **2013**

CLASS

YEAR

LICENSEE NAME: **ROBERT MACKIE, WILLIAM MACKIE**

DOING BUSINESS AS **MACKIE'S RESTAURANT & COUNTRY STORE**

ADDRESS **049-51 NORTH WASHINGTON STREET**

CITY/TOWN: **NORTH  
ATTLEBOROUGH**

STATE: **MA**

ZIP CODE: **02760**

MANAGER: **MACKIE, ROBERT** TYPE OF LICENSE: **Restaurant**

CATEGORY: **Wine and  
Malt Regular**

EMAIL ADDRESS:

**PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS**

DESCRIPTION OF LICENSED PREMISES:

**2 FUNCTION ROOMS ON FIRST FLOOR. 2 REST ROOMS IN BACK . 2 EXITS/ENTRANCE AT  
FRONT OF BUILDING. 2 EXITS (KITCHEN & OFFICE) AT BACK OF BUILDING & STORAGE  
AREA DOWNSTAIRS**

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

**We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.**

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(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

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**ON PREMISES LICENSE RENEWAL APPLICATION**

LICENSE NUMBER: 083000045

CITY OR TOWN NORTH  
ATTLEBOROUGH

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: T.G.I. FRIDAY'S INC.

DOING BUSINESS AS T.G.I. FRIDAY'S

ADDRESS 1385 SO WASHINGTON STREET

CITY/TOWN: NORTH  
ATTLEBOROUGH

STATE: MA

ZIP CODE: 02760

MANAGER: ROBBINS,  
RACHEL

TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

ONE FLOOR FREE STANDING RESTAURANT WITH ACCOMPANYING BAR TOTALLING  
APPROX. 5500 SQUARE FT.

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

**We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.**

Please Check Below:

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DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

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[www.mass.gov/abcc](http://www.mass.gov/abcc)

**ON PREMISES LICENSE RENEWAL APPLICATION**

LICENSE NUMBER: 083000048

CITY OR TOWN **NORTH  
ATTLEBOROUGH**

APPLICATION FOR RENEWAL:

**Annual**

LICENSED FOR **2013**

CLASS

YEAR

LICENSEE NAME: **ALL STAR PUBS INC.**

DOING BUSINESS AS **NORTH BOWL**

ADDRESS **71 E. WASHINGTON STREET**

CITY/TOWN: **NORTH  
ATTLEBOROUGH**

STATE: **MA**

ZIP CODE: **02760**

MANAGER: **KINSLEY, KELLI** TYPE OF LICENSE: **Restaurant**

CATEGORY: **All Alcohol**

EMAIL ADDRESS:

**PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS**

DESCRIPTION OF LICENSED PREMISES:

**35000 SF BLDG WITH 40 LANE BOWLING ALLEY. 2 ENTRANCES ON NORTH SIDE OF BLDG**

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

**We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.**

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

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DATE:



*The Commonwealth of Massachusetts*  
*Alcoholic Beverages Control Commission*  
*239 Causeway Street*  
*Boston, MA 02114*  
[www.mass.gov/abcc](http://www.mass.gov/abcc)

**ON PREMISES LICENSE RENEWAL APPLICATION**

LICENSE NUMBER: 083000049

CITY OR TOWN **NORTH  
ATTLEBOROUGH**

APPLICATION FOR RENEWAL:

**Annual**

LICENSED FOR **2013**

CLASS

YEAR

LICENSEE NAME: **RARE HOSPITALITY INTERNATIONAL, INC**

DOING BUSINESS AS **LONGHORN STEAKHOUSE**

ADDRESS **1250 SOUTH WASHINGTON ST**

CITY/TOWN: **NORTH  
ATTLEBOROUGH**

STATE: **MA**

ZIP CODE: **02760**

MANAGER: **DEPOT, STEVEN** TYPE OF LICENSE: **Restaurant**

CATEGORY: **All Alcohol**

**MICHAEL**

EMAIL ADDRESS:

**PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS**

**DESCRIPTION OF LICENSED PREMISES:**

**APPROX 6323 SQ FT OF GROSS FLOOR AREA; FULL SERVICE KITCHEN, DINING ROOM  
AND LOUNGE AREA, SEATING FOR 210 PEOPLE, FRONT ENT FOR PUBLIC, SIDE EXIT FOR  
EMERGENCY USE, REAR ENTRY AND EXIT FOR DELIVERIES AND EMERGENCIES.  
HANDICAPPED RESTROOMS**

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

**SIGNED BY**

Individual, Partner or Authorized Corporate Officer

**DATE:**

**TELEPHONE NUMBER:**

**EMPLOYER IDENTIFICATION NUMBER:**

(Note: **NOT** Individual Social Security Number)

**We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.**

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(If disapproved explain)

**LOCAL LICENSING AUTHORITY**

By:

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[www.mass.gov/abcc](http://www.mass.gov/abcc)

**OFF-PREMISESLICENSE RENEWAL APPLICATION**

LICENSE NUMBER: 083000050

CITY OR TOWN **NORTH  
ATTLEBOROUGH**

APPLICATION FOR RENEWAL:

**Annual**

LICENSED FOR **2013**

CLASS

YEAR

LICENSEE NAME: **HANGING OUT INC**

DOING BUSINESS AS **MOLLY O'SHEA'S WINE & SPIRITS**

ADDRESS **473 E. WASHINGTON ST.**

CITY/TOWN: **NORTH  
ATTLEBOROUGH**

STATE: **MA**

ZIP CODE: **02760**

MANAGER: **JOHNSON, JAMES** TYPE OF LICENSE: **Package Store** CATEGORY: **All Alcohol**

EMAIL ADDRESS:

**PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS**

DESCRIPTION OF LICENSED PREMISES:

**APPROX. 3,000 SQ. FT. IN EXISTING STRIP MALL.**

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

Please Check Below:

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DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

  
  

DATE:

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*Alcoholic Beverages Control Commission*  
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**ON PREMISES LICENSE RENEWAL APPLICATION**

LICENSE NUMBER: 083000051

CITY OR TOWN **NORTH  
ATTLEBOROUGH**

APPLICATION FOR RENEWAL:

**Annual**

LICENSED FOR **2013**

CLASS

YEAR

LICENSEE NAME: **VP OSKO ENTERPRISES LLC**

DOING BUSINESS AS **BOX SEATS**

ADDRESS **500 EAST WASHINGTON STREET**

CITY/TOWN: **NORTH  
ATTLEBOROUGH**

STATE: **MA**

ZIP CODE: **02760**

MANAGER: **OSKO, BOUTROS** TYPE OF LICENSE: **Restaurant**

CATEGORY: **All Alcohol**

EMAIL ADDRESS:

**PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS**

**DESCRIPTION OF LICENSED PREMISES:**

**1ST FLR NORTH/NORTHEAST AT TOWER SQUARE CONTAINING 3676 SQ FT. FRONT  
ENTRANCE AT PARKING LOT, SIDE AT ATRIUM, EMERGENCY EXIT AT LEFT FRONT,  
DELIVERY DOOR AT REAR. OUTSIDE DECK WITH 4 TABLES, 3 SEATS EACH, FOR OUTSIDE  
DINING AT FRONT OF BUILDING**

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

**We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.**

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DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

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**ON PREMISES LICENSE RENEWAL APPLICATION**

LICENSE NUMBER: 083000052

CITY OR TOWN NORTH  
ATTLEBOROUGH

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: MPG NORTH ATTLEBORO LLC

DOING BUSINESS A PICCADILLY PUB RESTAURANT

ADDRESS 11 ROBERT TONER BLVD SUITE 2

CITY/TOWN: NORTH

STATE: MA

ZIP CODE: 02760

ATTLEBOROUGH

MANAGER: ROY, HEATHER

TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

APPLICANT\_PROPOSES TO CONSTRUCT A WOOD-FRAMED DECK OF APPROX. 72 SQ. FT.  
PER THE ATTACHED PLANS TO ITS EXISTING BLDG.

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

**We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.**

Please Check Below:

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DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

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DATE:

DATE:

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*239 Causeway Street*  
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[www.mass.gov/abcc](http://www.mass.gov/abcc)

**ON PREMISES LICENSE RENEWAL APPLICATION**

LICENSE NUMBER: 083000053

CITY OR TOWN **NORTH  
ATTLEBOROUGH**

APPLICATION FOR RENEWAL:

**Annual**

LICENSED FOR **2013**

CLASS

YEAR

LICENSEE NAME: **QUAN'S ENTERPRISES, INC**

DOING BUSINESS AS **QUAN'S KITCHEN**

ADDRESS **501 EAST WASHINGTON ST**

CITY/TOWN: **NORTH  
ATTLEBOROUGH**

STATE: **MA**

ZIP CODE: **02760**

MANAGER: **QUAN, ERIC Y.G.** TYPE OF LICENSE: **Restaurant**

CATEGORY: **All Alcohol**

EMAIL ADDRESS:

**PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS**

DESCRIPTION OF LICENSED PREMISES:

**RESTAURANT WIT HLOUNGE AREA AND FULL SERVICE BAR**

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

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EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

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(If disapproved explain)

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By:

DATE: \_\_\_\_\_

APPLICATION FOR RENEWAL MUST BE FILED BY LICENSEES DURING THE MONTH OF NOVEMBER (M.G.L. Ch. 138 § 16A)



*The Commonwealth of Massachusetts*  
*Alcoholic Beverages Control Commission*  
**239 Causeway Street**  
**Boston, MA 02114**  
[www.mass.gov/abcc](http://www.mass.gov/abcc)

**ON PREMISES LICENSE RENEWAL APPLICATION**

LICENSE NUMBER: 083000056

CITY OR TOWN **NORTH**  
**ATTLEBOROUGH**

APPLICATION FOR RENEWAL:

**Annual**

LICENSED FOR **2013**

CLASS

YEAR

LICENSEE NAME: **PORTO BELLO, INC**

DOING BUSINESS AS **CAFE PORTO BELLO**

ADDRESS **6 NORTH WASHINGTON ST**

CITY/TOWN: **NORTH**  
**ATTLEBOROUGH**

STATE: **MA**

ZIP CODE: **02763**

MANAGER: **AMATO, SUSAN** TYPE OF LICENSE: **Restaurant** CATEGORY: **All Alcohol**

EMAIL ADDRESS:

**PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS**

DESCRIPTION OF LICENSED PREMISES:

**FRONT ENTRANCE AND REAR EXIT, ALONG WITH A KITCHEN AREA \_\_adding 26x54 foot area**

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

**We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.**

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

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DATE: \_\_\_\_\_

APPLICATION FOR RENEWAL MUST BE FILED BY LICENSEES DURING THE MONTH OF NOVEMBER (M.G.L. Ch. 138 § 16A)



*The Commonwealth of Massachusetts*  
*Alcoholic Beverages Control Commission*  
*239 Causeway Street*  
*Boston, MA 02114*  
[www.mass.gov/abcc](http://www.mass.gov/abcc)

**OFF-PREMISES LICENSE RENEWAL APPLICATION**

LICENSE NUMBER: 083000057

CITY OR TOWN **NORTH  
ATTLEBOROUGH**

APPLICATION FOR RENEWAL:

**Annual**

LICENSED FOR **2013**

CLASS

YEAR

LICENSEE NAME: **CMG CONVENIENCE GROUP INC.**

DOING BUSINESS AS **TEDESCHI'S#458**

ADDRESS **4 ELM STREET**

CITY/TOWN: **NORTH  
ATTLEBOROUGH**

STATE: **MA**

ZIP CODE: **02760**

MANAGER: **GOLDSMITH,  
CRAIG M.**

TYPE OF LICENSE: **Package Store**

CATEGORY: **Wine and  
Malt Regular**

EMAIL ADDRESS:

**PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS**

DESCRIPTION OF LICENSED PREMISES:

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

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DATE:

APPLICATION FOR RENEWAL MUST BE FILED BY LICENSEES DURING THE MONTH OF NOVEMBER (M.G.L. Ch. 138 § 16A)



*The Commonwealth of Massachusetts*  
*Alcoholic Beverages Control Commission*  
239 Causeway Street  
Boston, MA 02114  
[www.mass.gov/abcc](http://www.mass.gov/abcc)

**ON PREMISES LICENSE RENEWAL APPLICATION**

LICENSE NUMBER: 083000060

CITY OR TOWN NORTH  
ATTLEBOROUGH

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: FELIX SHAYEVICH

DOING BUSINESS A BISTRO 45

ADDRESS 45 NO. WASHINGTON ST.

CITY/TOWN: NORTH  
ATTLEBOROUGH

STATE: MA

ZIP CODE: 02760

MANAGER: FELIX  
SHAYEVICH

TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

**We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.**

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

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DATE:



*The Commonwealth of Massachusetts*  
*Alcoholic Beverages Control Commission*  
*239 Causeway Street*  
*Boston, MA 02114*  
[www.mass.gov/abcc](http://www.mass.gov/abcc)

**ON PREMISES LICENSE RENEWAL APPLICATION**

LICENSE NUMBER: 083000062

CITY OR TOWN **NORTH  
ATTLEBOROUGH**

APPLICATION FOR RENEWAL:

**Annual**

LICENSED FOR **2013**

CLASS

YEAR

LICENSEE NAME: **BERTUCCI'S RESTAURANT CORP.**

DOING BUSINESS AS **BERTUCCI'S ITALIAN RESTAURANT**

ADDRESS **999 S. WASHINGTON STREET- UNIT E111**

CITY/TOWN: **NORTH  
ATTLEBOROUGH**

STATE: **MA**

ZIP CODE: **02760**

MANAGER: **UDDIN-ALVES,  
FABIO J.**

TYPE OF LICENSE: **Restaurant**

CATEGORY: **All Alcohol**

EMAIL ADDRESS:

**PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS**

DESCRIPTION OF LICENSED PREMISES:

**APPROX. 6,678 SQ. FT. ITALIAN RESTAURANT IN A REGIONAL MALL W/ 1 KITCHEN, 1 BAR,  
3 DINING ROOMS AND 1 MAIN ENTRANCE AND 1 REAR EXIT.**

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

**We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.**

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

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DATE:



*The Commonwealth of Massachusetts*  
*Alcoholic Beverages Control Commission*  
*239 Causeway Street*  
*Boston, MA 02114*  
[www.mass.gov/abcc](http://www.mass.gov/abcc)

**ON PREMISES LICENSE RENEWAL APPLICATION**

LICENSE NUMBER: 083000065

CITY OR TOWN **NORTH  
ATTLEBOROUGH**

APPLICATION FOR RENEWAL:

**Annual**

LICENSED FOR **2013**

CLASS

YEAR

LICENSEE NAME: **LJ LEGACY INC.**

DOING BUSINESS AS **NORM'S SEAFOOD**

ADDRESS **465 EAST WASHINGTON STREET**

CITY/TOWN: **NORTH  
ATTLEBOROUGH**

STATE: **MA**

ZIP CODE: **02760**

MANAGER: **JODOIN, LIANNE** TYPE OF LICENSE: **Restaurant**

CATEGORY: **Wine and  
Malt Regular**

EMAIL ADDRESS:

**PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS**

DESCRIPTION OF LICENSED PREMISES:

**APPROX. 2,000 SQ. FT. , 1ST. FLOOR WITH PUBLIC ENTRANCE AT FRONT, APPROX. 20  
TABLES KITCHEN IN REAR WITH STORAGE AREA AND REAR EMERGENCY EXIT.**

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

**We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.**

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

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DATE:





*The Commonwealth of Massachusetts*  
*Alcoholic Beverages Control Commission*  
*239 Causeway Street*  
*Boston, MA 02114*  
[www.mass.gov/abcc](http://www.mass.gov/abcc)

**ON PREMISES LICENSE RENEWAL APPLICATION**

LICENSE NUMBER: 083000066

CITY OR TOWN **NORTH  
ATTLEBOROUGH**

APPLICATION FOR RENEWAL:

**Annual**

LICENSED FOR **2013**

CLASS

YEAR

LICENSEE NAME: **HAVANA CAFÉ INC.**

DOING BUSINESS AS **HAVANA CAFÉ**

ADDRESS **329 NORTH WASHINGTON ST**

CITY/TOWN: **NORTH  
ATTLEBOROUGH**

STATE: **MA**

ZIP CODE: **02760**

MANAGER: **AZARLOZA**

TYPE OF LICENSE: **Restaurant**

CATEGORY: **All Alcohol**

EMAIL ADDRESS:

**PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS**

DESCRIPTION OF LICENSED PREMISES:

**CUBAN RESTAURANT WITH SEATING UNDER 20 PERSONS.**

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

**We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.**

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

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DATE:

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*The Commonwealth of Massachusetts*  
*Alcoholic Beverages Control Commission*  
239 Causeway Street  
Boston, MA 02114  
[www.mass.gov/abcc](http://www.mass.gov/abcc)

**ON PREMISES LICENSE RENEWAL APPLICATION**

LICENSE NUMBER: 083000068

CITY OR TOWN NORTH  
ATTLEBOROUGH

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: CHRISTIAN GALPIN

DOING BUSINESS AS SPEED OF THOUGHT PLAYHOUSE-CAFÉ

ADDRESS 33-39 NORTH WASHINGTON STREET

CITY/TOWN: NORTH  
ATTLEBOROUGH

STATE: MA

ZIP CODE: 02760

MANAGER: GALPIN,  
CHRISTIAN

TYPE OF LICENSE: Restaurant

CATEGORY: Wine and  
Malt Regular

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

ONE MAIN FUNCTION ROOM..1200 SQ. FT. RESTROOMS IN BACK..ONE STANDARD, AND  
ONE HANDICAP ACCESSIBLE..ONE EXIT/ENTRANCE IN FRONT, SECOND IN  
REAR..STORAGE DOWNSTAIRS

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

**We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.**

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

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DATE:



*The Commonwealth of Massachusetts*  
*Alcoholic Beverages Control Commission*  
*239 Causeway Street*  
*Boston, MA 02114*  
[www.mass.gov/abcc](http://www.mass.gov/abcc)

**OFF-PREMISES LICENSE RENEWAL APPLICATION**

LICENSE NUMBER: 083000069

CITY OR TOWN **NORTH  
ATTLEBOROUGH**

APPLICATION FOR RENEWAL:

**Annual**

LICENSED FOR **2013**

CLASS

YEAR

LICENSEE NAME: **BEST PIZZA MART LLC**

DOING BUSINESS AS **DIVINO & MORE**

ADDRESS **695 WASHINGTON STREET**

CITY/TOWN: **NORTH  
ATTLEBOROUGH**

STATE: **MA**

ZIP CODE: **02760**

MANAGER: **DARAZI, NAIM**

TYPE OF LICENSE: **Package Store**

CATEGORY: **Wine and  
Malt Regular**

EMAIL ADDRESS:

**PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS**

DESCRIPTION OF LICENSED PREMISES:

**200 SQ. FT. OF RETAIL SPACE WITH ONE ENTRANCE AND EXIT**

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

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\_\_\_\_\_

DATE:

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*The Commonwealth of Massachusetts*  
*Alcoholic Beverages Control Commission*  
239 Causeway Street  
Boston, MA 02114  
[www.mass.gov/abcc](http://www.mass.gov/abcc)

**ON PREMISES LICENSE RENEWAL APPLICATION**

LICENSE NUMBER: 083000070

CITY OR TOWN NORTH  
ATTLEBOROUGH

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: EVARA, INC

DOING BUSINESS A RED STONE

ADDRESS 120 CHESTNUT STREET

CITY/TOWN: NORTH  
ATTLEBOROUGH

STATE: MA

ZIP CODE: 02760

MANAGER: YARIAN, ARA

TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

STREET LEVEL MAIN DINING ROOMS...SPLIT LEVEL COCKTAIL LOUNGE...KITCHEN AND  
OUTDOOR PATIO, BASEMENT LEVEL, DRY STORAGE BUTLER'S PARTY AND DINING  
ROOM...ATTIC FOR STORAGE...ENTRANCE ON WASHINGTON AND CHESTNUT STREET

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

**We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.**

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

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DATE:



*The Commonwealth of Massachusetts*  
*Alcoholic Beverages Control Commission*  
*239 Causeway Street*  
*Boston, MA 02114*  
[www.mass.gov/abcc](http://www.mass.gov/abcc)

**ON PREMISES LICENSE RENEWAL APPLICATION**

LICENSE NUMBER: 083000072

CITY OR TOWN **NORTH  
ATTLEBOROUGH**

APPLICATION FOR RENEWAL:

**Annual**

LICENSED FOR **2013**

CLASS

YEAR

LICENSEE NAME: **SHOGUN HIBACHI & ASIAN GARDEN INC**

DOING BUSINESS AS **SHOGUN HIBACHI & ASIAN GARDEN RESTAURANT**

ADDRESS **206 E. WASHINGTON STREET**

CITY/TOWN: **NORTH  
ATTLEBOROUGH**

STATE: **MA**

ZIP CODE: **02760**

MANAGER: **ZHENG, JIN RU**

TYPE OF LICENSE: **Restaurant**

CATEGORY: **All Alcohol**

EMAIL ADDRESS:

**PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS**

DESCRIPTION OF LICENSED PREMISES:

**ONE STORY RESTAURANT WITH 5677 SQ FT OF FLOOR SPACE, WITH LIQUOR BAR, SUSHI  
BAR, DINING FACILITIES, KITCHEN, ACCESS AND EGRESS AT FRONT AND REAR**

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

**We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.**

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

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DATE:



*The Commonwealth of Massachusetts*  
*Alcoholic Beverages Control Commission*  
239 Causeway Street  
Boston, MA 02114  
[www.mass.gov/abcc](http://www.mass.gov/abcc)

**OFF-PREMISESLICENSE RENEWAL APPLICATION**

LICENSE NUMBER: 083000073

CITY OR TOWN NORTH  
ATTLEBOROUGH

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: JOSEPH W. COGGESHALL

DOING BUSINESS AS THE LIQUOR SPOT

ADDRESS 86 NORTH WASHINGTON ST

CITY/TOWN: NORTH  
ATTLEBOROUGH

STATE: MA

ZIP CODE: 02760

MANAGER: COGGESHALL, JOS TYPE OF LICENSE: Package Store  
EPH W.

CATEGORY: Wine and  
Malt Regular

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

FRONT ENTRANCES & REAR DELIVERY ENTRANCES & EXITS, WHICH WAS PREVIOUSLY  
AS A PACKAGE STORE SELLING ALL ALCOHOLIC BEVERAGES.

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

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\_\_\_\_\_

DATE:

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APPLICATION FOR RENEWAL MUST BE FILED BY LICENSEES DURING THE MONTH OF NOVEMBER (M.G.L. Ch. 138 § 16A)



*The Commonwealth of Massachusetts*  
*Alcoholic Beverages Control Commission*  
239 Causeway Street  
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**ON PREMISES LICENSE RENEWAL APPLICATION**

LICENSE NUMBER: 083000075

CITY OR TOWN NORTH  
ATTLEBOROUGH

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: RENAI, INC

DOING BUSINESS AS BRISTOL COMMONS

ADDRESS 553 KELLY BLVD

CITY/TOWN: NORTH  
ATTLEBOROUGH

STATE: MA

ZIP CODE: 02760

MANAGER: MCGUIRE,  
DANIEL M.

TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

FULL SERVICE RESTAURANT WITH 46 PARKING SPACES. MAIN DINING ROOM, BAR  
AREA, OUTSIDE PATIO AND FUNCTION ROOM. ENTRANCE IN FRONT OF BLDG AND  
EMERGENCY EXIT IN THE LOUNGE, FUNCTION ROOM AND KITCHEN

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

**We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.**

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

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DATE:



*The Commonwealth of Massachusetts*  
*Alcoholic Beverages Control Commission*  
239 Causeway Street  
Boston, MA 02114  
[www.mass.gov/abcc](http://www.mass.gov/abcc)

**ON PREMISES LICENSE RENEWAL APPLICATION**

LICENSE NUMBER: 083000076

CITY OR TOWN NORTH  
ATTLEBOROUGH

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: BELLA SARNO, LLC

DOING BUSINESS AS BELLA SARNO RESTAURANT

ADDRESS 553 KELLY BLVD

CITY/TOWN: NORTH  
ATTLEBOROUGH

STATE: MA

ZIP CODE: 02760

MANAGER: STEVENS,  
CHRISTINE L

TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

RESTAURANT WITH MAIN DINING AREA, OUTSIDE PATIO AND FUNCTION ROOM.  
ENTRANCE IN FRONT AND EMERGENCY EXITS IN THE LOUNGE, FUNCTION ROOM AND  
KITCHEN AREA

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

**We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.**

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

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DATE:





*The Commonwealth of Massachusetts*  
*Alcoholic Beverages Control Commission*  
239 Causeway Street  
Boston, MA 02114  
[www.mass.gov/abcc](http://www.mass.gov/abcc)

**ON PREMISES LICENSE RENEWAL APPLICATION**

LICENSE NUMBER: 083000077

CITY OR TOWN NORTH  
ATTLEBOROUGH

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: JALAPENOS GRILL II, INC

DOING BUSINESS AS JALAPENOS GRILL

ADDRESS 11 ROBERT TONER BLVD

CITY/TOWN: NORTH  
ATTLEBOROUGH

STATE: MA

ZIP CODE: 02760

MANAGER: CUMMINS, JOAN TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

RESTAURANT WITH 4 ENTRANCES AND 4 EXITS. TWO HANDICAP BATHROOMS, ONE FOR MEN ONE FOR WOMEN AND ONE EMPLOYEE BATHROOM. BASEMENT - DRY STORAGE , FREEZER AND WALK-IN REFRIDGERATOR

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

**We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.**

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

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DATE:

